

State of Maryland

FY 2007 Health Insurance Premiums

Employee / Retiree

CareFirst BCBS-PPO				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	ESRD	1		41.34	165.37	206.71	82.68	330.74	413.42
Employee/Retiree & 1 CHILD, NO MEDICARE		2		74.42	297.65	372.07	148.83	595.30	744.13
Employee/Retiree & SPOUSE, NO MEDICARE		3		74.42	297.65	372.07	148.83	595.30	744.13
Employee/Retiree +2 OR MORE, NO MEDICARE		4		103.36	413.43	516.79	206.71	826.86	1,033.57
RETIREE ONLY, WITH MEDICARE		5		20.68	82.69	103.37	41.35	165.39	206.74
RETIREE + 1, ONE WITH MEDICARE		6		62.01	248.02	310.03	124.01	496.04	620.05
RETIREE + 1, BOTH WITH MEDICARE		7		41.34	165.37	206.71	82.68	330.74	413.42
RETIREE + 2, ONE WITH MEDICARE		8		95.08	380.32	475.40	190.16	760.64	950.80
RETIREE + 2, TWO WITH MEDICARE		9		82.68	330.73	413.41	165.36	661.45	826.81
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		62.01	248.02	310.03	124.01	496.04	620.05
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		103.36	413.43	516.79	206.71	826.86	1,033.57

EE/Ret= Employee/ Retiree

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MLH - EAGLE - PPO				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	ESRD	1		38.50	154.00	192.50	77.00	307.99	384.99
Employee/Retiree & 1 CHILD, NO MEDICARE		2		69.30	277.20	346.50	138.60	554.39	692.99
Employee/Retiree & SPOUSE, NO MEDICARE		3		69.30	277.20	346.50	138.60	554.39	692.99
Employee/Retiree +2 OR MORE, NO MEDICARE		4		96.26	385.01	481.27	192.52	770.01	962.53
RETIREE ONLY, WITH MEDICARE		5		19.25	77.01	96.26	38.50	154.02	192.52
RETIREE + 1, ONE WITH MEDICARE		6		57.75	230.98	288.73	115.49	461.96	577.45
RETIREE + 1, BOTH WITH MEDICARE		7		38.50	154.00	192.50	77.00	307.99	384.99
RETIREE + 2, ONE WITH MEDICARE		8		88.55	354.17	442.72	177.09	708.35	885.44
RETIREE + 2, TWO WITH MEDICARE		9		77.00	307.99	384.99	154.00	615.98	769.98
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		57.75	230.98	288.73	115.49	461.96	577.45
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		96.26	385.01	481.27	192.52	770.01	962.53

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AETNA US HEALTHCARE - POS				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
	ESRD								
Employee / Retiree ONLY, NO MEDICARE		1		26.94	131.54	158.48	53.88	263.08	316.96
Employee / Retiree, 1 CHILD, NO MEDICARE		2		48.50	236.76	285.26	97.00	473.51	570.51
Employee / Retiree & SPOUSE, NO MEDICARE		3		48.50	236.76	285.26	97.00	473.51	570.51
Employee/Retiree +2 OR MORE, NO MEDICARE		4		67.35	328.84	396.19	134.70	657.67	792.37
RETIREE ONLY, WITH MEDICARE		5		13.47	65.75	79.22	26.93	131.50	158.43
RETIREE + 1, ONE WITH MEDICARE		6		40.41	197.26	237.67	80.81	394.52	475.33
RETIREE + 1, BOTH WITH MEDICARE		7		26.94	131.54	158.48	53.88	263.08	316.96
RETIREE + 2, ONE WITH MEDICARE		8		61.96	302.52	364.48	123.92	605.04	728.96
RETIREE + 2, TWO WITH MEDICARE		9		53.88	263.05	316.93	107.76	526.10	633.86
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		40.41	197.26	237.67	80.81	394.52	475.33
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		67.35	328.84	396.19	134.70	657.67	792.37

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CareFirst BCBS-POS				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	ESRD	1		26.63	130.00	156.63	53.25	260.00	313.25
Employee/Retiree & 1 CHILD, NO MEDICARE		2		47.93	234.00	281.93	95.85	468.00	563.85
Employee/Retiree & SPOUSE, NO MEDICARE		3		47.93	234.00	281.93	95.85	468.00	563.85
Employee/Retiree +2 OR MORE, NO MEDICARE		4		66.57	324.99	391.56	133.13	649.99	783.12
RETIREE ONLY, WITH MEDICARE		5		13.31	64.99	78.30	26.62	129.97	156.59
RETIREE + 1, ONE WITH MEDICARE		6		39.94	194.99	234.93	79.88	389.98	469.86
RETIREE + 1, BOTH WITH MEDICARE		7		26.63	130.00	156.63	53.25	260.00	313.25
RETIREE + 2, ONE WITH MEDICARE		8		61.24	298.99	360.23	122.48	597.97	720.45
RETIREE + 2, TWO WITH MEDICARE		9		53.25	259.99	313.24	106.50	519.97	626.47
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		39.94	194.99	234.93	79.88	389.98	469.86
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		66.57	324.99	391.56	133.13	649.99	783.12

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Employee / Retiree

M.D. IPA PREFERRED - POS				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE		1		27.28	133.16	160.44	54.55	266.33	320.88
Employee/Retiree & 1 CHILD, NO MEDICARE		2		49.10	239.68	288.78	98.19	479.37	577.56
Employee/Retiree & SPOUSE, NO MEDICARE		3		49.10	239.68	288.78	98.19	479.37	577.56
Employee/Retiree +2 OR MORE, NO MEDICARE		4		68.19	332.92	401.11	136.38	665.83	802.21
RETIREE ONLY, WITH MEDICARE		5		13.64	66.58	80.22	27.27	133.16	160.43
RETIREE + 1, ONE WITH MEDICARE		6		40.91	199.74	240.65	81.82	399.48	481.30
RETIREE + 1, BOTH WITH MEDICARE		7		27.28	133.16	160.44	54.55	266.33	320.88
RETIREE + 2, ONE WITH MEDICARE		8		62.73	306.27	369.00	125.46	612.54	738.00
RETIREE + 2, TWO WITH MEDICARE		9		54.55	266.32	320.87	109.10	532.64	641.74
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		40.91	199.74	240.65	81.82	399.48	481.30
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		68.19	332.92	401.11	136.38	665.83	802.21

EE/Ret=Employee/ Retiree

State of Maryland

FY 2007 Health Insurance Premiums

Employee / Retiree

BLUE CHOICE - HMO				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	ESRD	1		24.53	138.98	163.51	49.05	277.96	327.01
Employee/Retiree & 1 CHILD, NO MEDICARE		2		51.47	291.66	343.13	102.94	583.32	686.26
Employee/Retiree & SPOUSE, NO MEDICARE		3		51.47	291.66	343.13	102.94	583.32	686.26
Employee/Retiree +2 OR MORE, NO MEDICARE		4		63.77	361.33	425.10	127.53	722.67	850.20
RETIREE ONLY, WITH MEDICARE		5		12.09	68.51	80.60	24.18	137.02	161.20
RETIREE + 1, ONE WITH MEDICARE		6		36.42	206.36	242.78	72.83	412.73	485.56
RETIREE + 1, BOTH WITH MEDICARE		7		26.57	150.54	177.11	53.13	301.08	354.21
RETIREE + 2, ONE WITH MEDICARE		8		60.75	344.23	404.98	121.49	688.47	809.96
RETIREE + 2, TWO WITH MEDICARE		9		38.75	219.55	258.30	77.49	439.10	516.59
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		33.23	188.31	221.54	66.46	376.62	443.08
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		60.46	342.59	403.05	120.92	685.18	806.10

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FY 2007 Health Insurance Premiums

Employee / Retiree

KAISER - HMO				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	ESRD	1		23.32	132.14	155.46	46.64	264.28	310.92
Employee/Retiree & 1 CHILD, NO MEDICARE		2		46.64	264.28	310.92	93.28	528.56	621.84
Employee/Retiree & SPOUSE, NO MEDICARE		3		46.64	264.28	310.92	93.28	528.56	621.84
Employee/Retiree +2 OR MORE, NO MEDICARE		4		58.41	330.98	389.39	116.82	661.96	778.78
RETIREE ONLY, WITH MEDICARE		5		13.83	78.35	92.18	27.65	156.71	184.36
RETIREE + 1, ONE WITH MEDICARE		6		37.15	210.49	247.64	74.29	420.99	495.28
RETIREE + 1, BOTH WITH MEDICARE		7		27.66	156.70	184.36	55.31	313.41	368.72
RETIREE + 2, ONE WITH MEDICARE		8		58.41	330.98	389.39	116.82	661.96	778.78
RETIREE + 2, TWO WITH MEDICARE		9		50.98	288.84	339.82	101.95	577.69	679.64
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		41.48	235.06	276.54	82.96	470.12	553.08
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		58.41	330.98	389.39	116.82	661.96	778.78

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OPTIMUM CHOICE, INC. - HMO				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	ESRD	1		22.98	130.17	153.15	45.95	260.35	306.30
Employee/Retiree & 1 CHILD, NO MEDICARE		2		47.78	270.73	318.51	95.56	541.46	637.02
Employee/Retiree & SPOUSE, NO MEDICARE		3		47.78	270.73	318.51	95.56	541.46	637.02
Employee/Retiree +2 OR MORE, NO MEDICARE		4		56.97	322.81	379.78	113.93	645.63	759.56
RETIREE ONLY, WITH MEDICARE		5		15.17	85.97	101.14	30.34	171.94	202.28
RETIREE + 1, ONE WITH MEDICARE		6		38.14	216.14	254.28	76.28	432.27	508.55
RETIREE + 1, BOTH WITH MEDICARE		7		30.34	171.92	202.26	60.68	343.84	404.52
RETIREE + 2, ONE WITH MEDICARE		8		56.97	322.81	379.78	113.93	645.63	759.56
RETIREE + 2, TWO WITH MEDICARE		9		52.09	295.14	347.23	104.17	590.29	694.46
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		45.51	257.89	303.40	91.02	515.77	606.79
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		56.97	322.81	379.78	113.93	645.63	759.56

*EE/Ret = Employee/Retiree

Maryland State Employee Benefits Program

Prescription Drugs

FY 2007 Rates

Level of Coverage	Bi- Weekly Employee	Bi- Weekly State Subsidy	Bi- Weekly Total
Employee / Retiree Only	\$17.15	\$68.61	\$85.76
Employee / Retiree + 1 Child	\$22.80	\$91.17	\$113.97
Employee / Retiree + Spouse	\$28.46	\$113.87	\$142.33
Employee / Retiree + 2 or More	\$34.30	\$137.21	\$171.51
Level of Coverage	Monthly Employee	Monthly State Subsidy	Monthly Total
Employee / Retiree Only	\$34.30	\$137.21	\$171.51
Employee / Retiree + 1 Child	\$45.59	\$182.35	\$227.94
Employee / Retiree + Spouse	\$56.93	\$227.74	\$284.67
Employee / Retiree + 2 or More	\$68.61	\$274.41	\$343.02

**State of Maryland
DENTAL PLANS
FY 2007 Premiums**

Dental Benefits Providers (HMO)			
Bi-Weekly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$3.44	\$3.44	\$6.88
Employee / Retiree + 1 Child	\$6.88	\$6.88	\$13.76
Employee / Retiree + Spouse	\$7.57	\$7.57	\$15.14
Employee / Retiree + 2 or More	\$12.04	\$12.04	\$24.08
Monthly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$6.88	\$6.88	\$13.76
Employee / Retiree + 1 Child	\$13.76	\$13.76	\$27.52
Employee / Retiree + Spouse	\$15.14	\$15.14	\$30.28
Employee / Retiree + 2 or More	\$24.08	\$24.08	\$48.16

United Concordia (HMO)			
Bi-Weekly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$3.59	\$3.59	\$7.18
Employee / Retiree + 1 Child	\$6.26	\$6.26	\$12.52
Employee / Retiree + Spouse	\$7.19	\$7.19	\$14.38
Employee / Retiree + 2 or More	\$10.10	\$10.10	\$20.20
Monthly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$7.18	\$7.18	\$14.36
Employee / Retiree + 1 Child	\$12.51	\$12.51	\$25.02
Employee / Retiree + Spouse	\$14.38	\$14.38	\$28.76
Employee / Retiree + 2 or More	\$20.21	\$20.20	\$40.41

United Concordia (PPO)			
Bi-Weekly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$5.71	\$5.71	\$11.42
Employee / Retiree + 1 Child	\$10.92	\$10.92	\$21.84
Employee / Retiree + Spouse	\$11.43	\$11.42	\$22.85
Employee / Retiree + 2 or More	\$21.41	\$21.41	\$42.82
Monthly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$11.43	\$11.42	\$22.85
Employee / Retiree + 1 Child	\$21.84	\$21.83	\$43.67
Employee / Retiree + Spouse	\$22.85	\$22.85	\$45.70
Employee / Retiree + 2 or More	\$42.81	\$42.81	\$85.62